

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

**APPLICATION FOR LIMITED USE/CLAIM PASSWORD
FOR ELECTRONIC CASE FILING SYSTEM**

NAME: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

E-MAIL ADDRESS: _____

BAR ID # (if applicable): _____ **STATE OF** _____

1. ***Pro Hac Vice Application:*** I affirm that I am admitted to practice in the United States Courts for the _____ District of _____ (applicable state), I have paid the appropriate *Pro Hac Vice* fee to the U.S. District Court for the Northern District of Oklahoma, and that the information set forth above is true and correct.
2. ***Claims or Other Limited Use Application:*** I affirm that I am authorized to prepare and file Proofs of Claim on behalf of _____, and/or am authorized to execute and submit Reaffirmation Agreements on behalf of _____.
3. I understand that use of my Limited Use password to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon and my signing of any declarations, verifications, proofs of claim, notices of appearance, assignments of claims, reaffirmation agreements, or other papers or documents filed on the System, for all purposes authorized and required by law, including, without limitation, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, Federal Rules of Criminal Procedure, Rules and Orders of this Court and any applicable non bankruptcy law.
4. I understand that it is my responsibility to maintain in my records all documents bearing the original signature of any signer on whose behalf I file the documents using my password, for a period of one year after the case or proceeding in which the papers are filed has been closed.
5. I understand that it is my responsibility to protect and secure the confidentiality of my password. If I believe that my password has been compromised, it is my responsibility to notify the Court by telephone immediately and also in writing.

6. I understand that it is my responsibility to notify the Court, immediately, of any change in my address, telephone number, fax number, or e-mail address.
7. Registration as a Filing User constitutes: (1) waiver of the right to receive notice by first class mail and consent to receive notice electronically; (2) waiver of the right to service by personal service or first class mail and consent to electronic service, except with regard to service of a summons and complaint. Waiver of service and notice by first class mail applies to notice of the entry of an order or judgment.
8. By this registration, the undersigned agrees to abide by all the rules and regulations in the most recent General Order, *Administrative Procedures for Filing, Signing and Verifying Pleadings and Papers by Electronic Means* currently in effect, and any changes or additions that may be made to such administrative procedures in the future.

**Please return to: U.S. Bankruptcy Court for the Northern District of Oklahoma
Attn.: CM/ECF Help Desk
224 South Boulder Avenue, Room 105
Tulsa, OK 74103**

Applicant Signature

Date

Your login and password will be sent to you by the Clerk via e-mail. You may also arrange to pick up your login and password in person.

Other districts in which I am certified to file electronically using CM/ECF: _____

APPROVED BY: _____

LOGIN/PASSWORD: _____ **DATE:** _____